



The West Lothian Golf Club

Airngath Hill, Bo'ness, EH49 7RH
 Tel/Fax- 01506 826030
 E-Mail manager@westlothiangc.com
 General Manager- Alan Gibson.

APPLICATION FOR MEMBERSHIP

Name _____ Tel Home _____

Address _____ Tel. Work _____

_____ Mobile _____

_____ E-Mail _____

Post Code _____

DOB _____ Occupation _____

Type of Membership

Full	5 Day	Country	Junior	Student	Lifestyle	18-21	22-26	Social
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Have you previously been a Member of a Golf Club	<input type="checkbox"/>	<input type="checkbox"/>

If Yes Name of Club and period of Membership _____

	Current	Lapsed
Handicap	<input type="checkbox"/>	<input type="checkbox"/>
CDH Number (if known)	<input type="text"/>	

It is understood that until such time as the Council of The West Lothian Golf Club accepts this application the applicant does not have any privileges of the category of membership applied for.

Proof of Age or Residence may be required on application

Applicants should note that application fees are non refundable in the event of withdrawal of application or early resignation from membership.

I, the above applicant, accept the foregoing conditions

Signature _____

Date _____

NOMINATION FOR MEMBERSHIP

We the undersigned being Full Ordinary Members of The West Lothian Golf Club, nominate the above person for the category of membership indicated.

Members supporting an application are expected to have met the candidate and agree that in their view he/she is a suitable person to become a member.

Name _____ Name _____

Signature _____ Signature _____